United States Court of Appeals for the Ninth Circuit

BILL OF COSTS

| Note: | If you wish to file a bill of costs, it MUST be submitted on this form and filed, with the clerk, with proof of service, within 14 days of the date of entry of judgment, and in accordance with Circuit Rule 39-1. A late bill of costs must be accompanied by a motion showing good cause. Please refer to FRAP 39, 28 U.S.C. § 1920, and Circuit Rule 39-1 when preparing your bill o costs. | | | | | | | |
|--------|---|------------------|--|--|--|--|--|--|
| | V | CA No. | | | | | | |
| The Cl | erk is requested to tax the followin | g costs against: | | | | | | |

| Cost Taxable under FRAP 39, 28 U.S.C. § 1920, Circuit Rule 39-1 | REQUESTED Each Column Must Be Completed | | | ALLOWED To Be Completed by the Clerk | | | | |
|--|---|----------------------|------------------------|---------------------------------------|--------------------|----------------------|---------------------|---------------|
| | No. of Docs.* | Pages per Doc. | Cost per Page ** | TOTAL COST | No. of Docs. | Pages per Doc. | Cost per Page | TOTAL COST |
| Excerpt of Record | | | | | | | | |
| Appellant's Brief | | | | | | | | |
| Appellee's Brief | | | | | | | | |
| Appellant's Reply Brief | | | | | | | | |
| Other | | | | | | | | |
| TOTAL | | | \$ | | | TOTAL | \$ | |

Form 10. Bill of Costs - Continued

Any other requests must be accompanied by a statement explaining why the item(s) should be Other: taxed pursuant to Circuit Rule 39-1. Additional items without such supporting statements will not be considered. Attorneys fees **cannot** be requested on this form. * If more than 7 excerpts or 20 briefs are requested, a statement explaining the excess number must be submitted. ** Costs per page may not exceed .20 or actual cost, whichever is less. Circuit Rule 39-1. I, ______, swear under penalty of perjury that the services for which costs are taxed were actually and necessarily performed, and that the requested costs were actually expended as listed. The printer's itemized statement showing actual costs per page is attached. Signature: Name of Counsel (printed or typed): Attorney for: _____ Costs are taxed in the amount of Date: _____ Clerk of Court By: _____

Deputy Clerk